

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		TIME 22:29:00	2. ADDRESS OF OCCURRENCE 10 1/2 N KILBOURN AVE CHICAGO, IL 60624				3. LOCATION CODE 304		4. BEAT/OCCUR 1113																																																																																																																																																																																																																																																																
INFORMATION	5. POSITION 9161	6. LAST NAME MCDERMOTT	7. FIRST NAME SEAN T	8. STAR NO. 6435	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 508	12. HT. 175	13. WT. 175	14. DATE OF APPT. 22-MAY-2006	15. EMPLOYEE NO. 100859	16. UNIT & BEAT OF ASSIGNMENT 153 4430A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				20. LAST NAME JACOBS	21. FIRST NAME TIFFANI	22. M.I. 	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 28-MAY-1981	26. HT. 508	27. WT. 200		28. ADDRESS 305 1/2 N CENTRAL PARK AVE CHICAGO, IL 60624		29. TELEPHONE NO. 	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? ER	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	<input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized		<input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid			36. CHARGES PLACED				<input type="checkbox"/> DNA	37. CB NO. 18149679	IR NO.	<input type="checkbox"/> DNA		MEMBER'S RESPONSE	PASSIVE RESISTER		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____			ARMSBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>				PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>				OTHER _____	OTHER _____	OTHER _____			38. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION					POSITION	STAR NO.	UNIT								41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS RAIN						45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE							49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						54. SPECIAL WEAPON CERTIFICATE NO	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED						59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. OTHER (Specify) <input type="checkbox"/> 03 OTHER (Specify)						63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD						65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. 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OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									SIGNATURES	73. REPORTING MEMBER (Print Name) MCDERMOTT, SEAN T 26-MAY-2011 05:47:51		STAR/EMPLOYEE NO. 6435	SIGNATURE								Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										74. REVIEWING SUPERVISOR (Print Name) HUGHES, FRED L		STAR NO. 1719	SIGNATURE	DATE REVIEWED 26-MAY-2011 05:51:32	TIME								
	5. POSITION 9161	6. LAST NAME MCDERMOTT	7. FIRST NAME SEAN T	8. STAR NO. 6435	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 508	12. HT. 175	13. WT. 175																																																																																																																																																																																																																																																																
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D-11.377 (REV. 10/07)

1114517571

71.RD.NO.

HT314748

LOG # 1045673

Attachment 1

1

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment at this time.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

CL #1045673 Based upon all information known at this time, I have concluded that the officer's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./ORNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) GULLIFORD, WAYNE M	SIGNATURE [REDACTED]	DATE COMPLETED 26-MAY-2011 06:13:17	TIME
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR's THIS EVENT No. 5
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